

## Form CPF 18A: Report of Independent Expenditure Promoting Election or Defeat of Candidate(s)

## Office of Campaign and Political Finance

Commonwalth

One	ce of Campaign and Political Finance Ashburton Place ton, MA 02108 7) 727-8352.				*					
1.	Date of Report:	November	The second secon							
		(Must be filed within 7 business	days of expenditure(s) in ex	cess of \$100.00 in a	aggregate)					
2.	Expenditure(s) Made By: Massachusetts Nurses Association (Name of individual or group making expenditure)									
		240 Tumpiles Ct		Canton	02021					
		340 Turnpike St. Street Address	C	ity/Town	Zip					
3.	Name of Candidate(s) For	Whom the Above Expenditur	e(s) Election or Defeat	Promoted:	a Comate					
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4.	Expenditure(s):			<b>3</b>						

Date Paid	To Whom Paid	Address	Purpose	Amount
11/4/06	Saltus Press	24 Jolma Rd.	Mailing	468,2
17		Worc. 01604		7171
11/3/06	Saltus Press	24 Jolma Rd. Worc. 01604	Mailing	04TI

I hereby certify the expenditures noted are independent expenditures, as defined by M.G.L. c.55, section 18A:

(1) the individual(s) or group who made the expenditure(s) described herein did not solicit or receive any contributions in contemplation of such expenditure(s); and

(2) the individual(s) or group who made the expenditure(s) described herein did not cooperate, consult or act in concert with or at the request or suggestion of any candidate, or political committee organized on behalf of any candidate, or any agent of a candidate or any political committee in making such expenditure(s).

I further certify that all statements made herein are true and accurate.

Signed under the penalties of perjury:

Date

Katrina Anderson

Director, Legislation and Government Affairs

Print Name of Individual Signer and Title (if signing on behalf of a group)